

from this disease. All manufacturers of this antitoxin are now making reliable preparations and are getting them out in time for use in the treatment of injuries attendant upon the crazy Fourth. In every case of gunshot or similar wound, the antitoxin should be used immediately as a prophylactic measure; it is pretty cheap insurance against a most unpleasant infection—tetanus.

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On another page will be found the list of the Lane Lectures for 1911, together with the subjects of each discourse and the date and hour. As suggested in a previous issue of the JOURNAL, these lectures should be of special interest, not alone to the physician who is particularly interested in eye diseases, but also to the general practitioner and to the diagnostician. The treatment of the subject is such as to bring out forcibly the relation of the eye to the rest of the human economy in disease. There will be two lectures a day, one at 11 in the morning and the other at 4:30 in the afternoon, the first on August 21st and each day thereafter to and including the 25th.

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If the *Journal* of the American Medical Association had done nothing more than to collect and compile the returns of accidents and deaths as a result of the idiotic celebration of the 4th of July, it would have enough excuse for the high position which it holds. Year after year children were injured, burned, maimed or killed as a result of accidents from firearms, etc., and while everybody knew that this was so, more or less, nobody paid any particular attention to it. Until the returns for the whole country were gathered together by the *Journal*, the ghastliness of the needless slaughter was not forced upon one. For some years past, the *Journal* has, each year, presented the net cost in life and health of the old-time noisy firecracker, toy-pistol celebration of the 4th of July, in a way to attract the attention of anyone who thinks; and a good many people have thought about it. The "sane fourth" idea is gaining in popular esteem and more and more communities are excluding the deadly toy-pistol and similar devices for making a senseless noise—and doing a great deal of harm. The credit for this progressive popular move should be given where it is rightly due—to the *Journal* of the American Medical Association.

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Is the manner in which we handle those who are mentally deranged, sane or insane? It certainly is not human! For years Dr. Hoisholt and others have pointed out, in papers read before various county societies and before the State Society, the inhuman and almost criminal manner in which insane patients are treated under the laws of California. It may be said that the condition in California is no worse than in almost every other state. From time to time the State Society has passed resolutions on the matter. The Texas State Medical

Association, at its last meeting, passed resolutions on the same subject and it is evident that equally brutal conditions prevail in that state. But what can we do about it? It is a matter of politics. At the present time sheriffs and deputy sheriffs are charged with the care of insane persons and the bringing of them to the state institution. They get fees and mileage for this work—and every little bit helps. One way of spelling the kind of politics that we ordinarily get is "votes." All of these gentlemen are in politics; each one of them commands a certain number of votes or a certain influence in his district. He does not want the present system changed, for then he would lose his fees and his mileage. The state hospital nurse, who should be sent to take charge of the patient and bring him quietly and properly to the institution, is not in politics; has no command of votes or influence; cannot have much persuasion upon the legislator. And with the legislator it is mostly votes that count, not abstract principles of right or wrong. Passing resolutions in California or in Texas is a harmless pastime that disturbs no one; and also, it has no effect; votes count. What can one possibly expect of a legislature that will actually pass a bill rewarding any one who has successfully broken the laws of the state for fifteen years? What humanitarian advancement can one expect at the hands of a legislature that will go back into the middle ages and attempt to do away with vaccination? Legislating is a gentle and joyous pastime—but votes count, not resolutions or principles.

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With the increasing use of salvarsan, we now find scattered through the literature many reports of cases where various sorts of disturbances and even deaths have followed its injection.

#### **SALVARSAN, NEW INDICATIONS.**

These reports might lead to an exaggerated fear of this, our most effective anti-syphilitic drug, were they not subjected to most careful analysis and study. In a recent issue of the *Journal A. M. A.*, Schamberg has investigated the cause of inflammation of cranial nerves following its use. He finds that on the whole, these neuritic (most commonly optic and auditory) complications are not frequent, possibly no more so than after the employment of mercury. They have been encountered almost exclusively in cases of recent lues, and have yielded to either a second injection or to mercury and iodid. None have been reported after the intravenous administration of the drug. In advanced degenerative processes of the central nervous system, and in marked cachexias, salvarsan is apt to produce death; in fact, this is so well known, and universally acknowledged, as to require no discussion. Such reports are common, and no doubt there are still more deaths which most authors will prefer not to put on record. In the *Munchener Medizinische Wochenschrift* of May 16th Martius reviews, at the request of Ehrlich, the deaths after salvarsan in cases of cardiac and vascular disease. Of all known fatalities, but 7 can be attributed to the action of the drug upon the heart. In 5 of these, post mortems revealed the presence of the triad:

luetie aortitis, coronary sclerosis and myocarditis, so that the first, complicated by any form of cardiac disease absolutely contraindicates the employment of 606. In 4 of the 7 fatal cases there were no clinical evidences of cardio-vascular changes; in 3 of these 4 cases subjective troubles likewise were absent. Angina pectoris, without myocardial complications, is apparently favorably influenced by salvarsan. This last opinion is contrary to Ehrlich's earlier view. In Ehrlich's early publications, salvarsan was said to be contraindicated in nephritis, albumin, hyalin and granular casts and red blood cells having been found occasionally after its use, in previously normal urines. Nephritis occurring soon after syphilitic infection or during the course of the disease, was formerly often attributed to the mercury the patient had taken. But it has been definitely shown that a large number of these cases are due to toxins of syphilis acting upon the renal tissues and that lues can produce almost all anatomical types of acute or chronic nephritis. Furthermore, a number of these cases improve under mercurial treatment (in marked contrast to non-luetic nephritides which are always aggravated by it), but on the other hand, some are uninfluenced and a few are unfavorably affected thereby. To date, in none of the cases have *treponema pallida* been found in the urine. During the past months, salvarsan has been tried in cases of luetic nephritis. Lesser, Michaelis, Gaucher, Duhot, Nador, Widal and Javal have had very encouraging results. Caussade and Regnard report a severe case where the patient's death occurred "in spite of" and not "due to" its administration. While it cannot be claimed, once and for all, that this new drug is absolutely harmless in patients with diseased kidneys, or uniformly efficacious in renal syphilis, it should certainly be employed more extensively in these cases than in the past. A careful anamnesis should be taken, and a thorough physical examination performed before deciding in any given case to resort to the use of 606. Thus only can disaster be averted, and knowledge be obtained as to the real effects of this drug upon the human organism. The intravenous administration is the only method to be recommended. Solutions should be prepared at the time of injection and be "just alkaline," hyperalkaline ones exerting a pernicious action upon the vein and the blood. (J. Darier et Cottenot.)

R. B.

Recent reports of new diagnostic signs in scarlet fever again prove that progress in diagnosis can still

#### DIAGNOSIS OF SCARLET FEVER.

be expected from clinical as well as from laboratory observation and research. At the height of the disease typical cases offer no difficulties, but with fleeting symptoms, or with eruptions that have already run their course, or with eruptions due perhaps to other causes, most difficult problems are presented the attendant. Even in severe cases the desquamation may be slight or not more than that usually seen in patients who have been for some time confined to the bed. In our June issue, Taubles reports having verified the observations of Pastia of Bucharest in 18 cases of scarlet fever. Pastia's sign consists of an

intense, continuous, linear pigmentation of the skin-folds across the anterior surface of the elbow, varying in color from rose red to dregs of wine and even appearing ecchymotic. This sign appears with the onset of the rash and persists even later than the desquamation. Leede of Hamburg has described another sign. A broad rubber bandage is moderately tightened about the arm, so that the veins are made prominent and the hands blue, but allowing the pulse to remain palpable. At the end of 10 to 15 minutes it is removed and the skin at the bend of the elbow closely inspected for the presence of a few tiny ecchymotic spots. He concludes that the capillary resistance varies in different persons, but that the toxins of scarlet fever evidently, with few exceptions, lower this resistance. A negative reaction practically excludes the disease; a positive one is, of course, to be interpreted only in conjunction with the other symptoms, as has been emphasized by Bennecke. Furthermore, Frugoni and Giugni have described a somewhat similar test in cases showing cutaneous manifestations of a hemorrhagic diathesis. Scarlet fever heretofore could boast of no pathognomic sign or symptom. We would like to urge all observers to search carefully for these new signs, not only in scarlet fever cases but in all eruptive conditions, so that their value may soon be established beyond all doubt.

R. B.

#### THE CALIFORNIA ASSOCIATION OF MEDICAL MILK COMMISSIONS.

For two years there has been held in connection with the meeting of the State Society and at the invitation and expense of the San Francisco commission, a meeting devoted to the consideration of a pure milk supply. These meetings were so profitable and interesting, and the certified milk industry has now reached so high a development in California, that it has seemed wise to make these meetings an annual adjunct of the State meeting, and to federate the various commissions into a permanent state organization. Accordingly, there was formed at Santa Barbara the California Association of Medical Milk Commissions. The association is composed of the milk commissions of the County Medical Societies, and its purpose is to promote the use of certified milk and to assist in raising the general milk supply to a higher standard, by dispensing literature on this subject, by illustrated lectures, by public meetings, and by personal work among the profession, the laity, and the dairymen. Any County Medical Society interested in the formation of a milk commission may obtain literature, lantern slides, etc., from the association, and members will be delegated, on request, to visit societies which may desire assistance in this work, or to appear before clubs or other public bodies. It is believed that this work is of great importance, and it is hoped to awaken a wider interest in this subject among the profession and, through the physicians, among their patients. Dr. Adelaide Brown is secretary of the association, and will be glad to give any information to persons interested in this work.

T. C. McC.